

## Foster Family Home - Corrective Action Report

Provider ID: 4-150015

Home Name: Xzor Jay M. Daguio, CNA

Review ID: 4-150015-6

3 Puualoha Place

Reviewer: Terri Van Houten

Kahului

HI 96732

Begin Date: 7/8/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

7/8/20

Date

7/8/20

Date